

Agreement to Receive Electronic Eras for Landmark Healthcare (LNDMK) Claims

Instructions for completing this form:

Name:

List the Group Name of the health care organization.

Address:

Address for the Billing Group or Provider.

Tax Id:

List the Tax identification number for the health care organization.

NPI

List the NPI number for the Billing Group or Provider.

Contact Name:

Contact name for the health care organization.

Contact Phone:

List the Phone number for health care organization contact name.

Email Address:

Email address for the contact for the health care organization.

****Note*: ONLY Clients of ChiroCare of MN practicing in MN, WI, ND, SD, NE, IA can get electronic remits at this time.****

Fax the Electronic Remittance Advice Enrollment form to: 719-785-5290

Electronic Network Systems, Inc.
1755 Telstar Dr. Ste. 400
Colorado Springs, CO 80920



Electronic Network Systems, Inc.
Electronic Remittance Advice Enrollment Form
Landmark Healthcare (LNDMK)

Please complete the required information below. The Tax Id and NPI must be included for each provider. Fax completed form to the fax # below. If you have questions please contact ENS Enrollment Department at 866-367-9778

ENS, Inc.

ATTN: Enrollment Department
1755 Telstar Drive, Suite 400
Colorado Springs, CO 80920
Fax: 719-785-5290

Please complete the following information and return this form as instructed above.

Group Name:	ENS User Id:
Address:	Group Tax Id:
City, State, Zip:	Group NPI:
Contact Person:	Contact Email:
Phone Number:	Fax Number:

Provider information.

Provider Name	Ind. NPI	Ind. Tax Id	

Authorized Signature _____

Date _____